

Exhibit B



002/C90/C90/12/04/2017/WI

ACCOUNT NUMBER:	XXXXXXXXXXXX4761
NCI ID:	7621
ACCOUNT BALANCE:	\$1,230.98
AMOUNT ENCLOSED:	

24-hour account access: <https://myaccount.ncirm.com>

o Change of address: Print New Address on Back



REMIT TO:



NATIONWIDE CREDIT, INC.
PO Box 14581
Des Moines IA 50306-3581



70027-4C
Elizabeth A Wood
3201 S LAKE DR APT 105
Saint Francis WI 53235-3701

7621 0

*** Please See Reverse Side of This Letter for Important Consumer Information ***

Please Detach and Return this Stub in the Enclosed Envelope with your Check or Money Order. - Make Sure the "Remit to" Address appears in the Window



Nationwide Credit, Inc.

PO Box 14581
Des Moines, IA 50306-3581
Monday-Thursday 9AM to 10PM ET, Friday 9AM to 7PM ET
1-866-428-0926
myaccount.ncirm.com

Current Creditor: CHASE BANK USA, N.A.
Account Number: XXXXXXXXXXXX4761
Account Balance: \$1,230.98
Date: 12/04/2017



ACCREDITED
BUSINESS

Nationwide Credit, Inc. has a
Better Business Bureau Rating of A+

Your outstanding balance with the above referenced creditor is past due and has been referred to Nationwide Credit, Inc. for collection. The Account Balance as of the date of this letter is shown above.

Unless you notify this office within thirty (30) days after receiving this notice that you dispute the validity of the debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within thirty (30) days after receiving this notice that the debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of a judgment against you and mail you a copy of such judgment or verification. Upon your written request within thirty (30) days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

At this time, we are pleased to present the following 2 options to resolve your account:

Option 1: Pay your Balance in a single payment

This option allows you to pay off your Account Balance by making a single payment for \$1,230.98 on or before 01/10/2018.

Option 2: Pay a portion of your balance (Settlement - Opportunity to save 70%)

Pay 30% of your Account Balance by making a single payment in the amount of \$369.29 on or before 01/10/2018. After satisfaction of this payment, your account will be reported to the creditor as settled.

This demand for payment does not eliminate your right to dispute this debt or inquire for more information about this debt. If you send a written notification to or otherwise notify this office, as described in the previous paragraphs, NCI will (a) cease collection activities until such time as NCI obtains and sends you the verification as described in the above paragraphs and; (b) extend the due date on these offers as long as the account remains referred to NCI by the creditor.

If we settle this debt with you for less than the full outstanding balance, Chase may offer you less favorable terms in the future for some Chase products or services, or may deny your application.



myaccount.ncirm.com

> 24-hour Access

> Make or
Reschedule a
Payment

> Change Your
Contact
Information

> Tell Us How You
Would Like Us to
Contact You

> And More...

Payment Methods:

Secure Online Portal:	Pay by phone:	Pay by Mail:	Western Union	Moneygram	Bankwire
URL: myaccount.ncirm.com Login with your NCI ID: 7621 Password: Last 4 digits of your SSN	Call Toll free 1-866-428-0926	Send your check or money order to NATIONWIDE CREDIT, INC. PO Box 14581, Des Moines, IA 50306-3581 Reference: 7621	1 (800) 225-5227 Code City: Money Code State: GA Account #: 7621	Company Name: Nationwide Credit, Inc. Receiver Code: 2302 Account#: 7621	Nationwide Credit, Inc. ABA#: 0248 Acct #: 4612 Ref#: 7621

Sincerely,

Nationwide Credit, Inc.

This communication is an attempt to collect a debt by a debt collector or consumer collection agency and any information obtained will be used for that purpose.

NOTE CHANGES ONLY

FIRST NAME	<input type="text"/>	MI	<input type="text"/>
LAST NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>		
CITY	<input type="text"/>	HOME PHONE	<input type="text"/>
STATE	<input type="text"/>	ZIP	<input type="text"/>
		WORK PHONE	<input type="text"/>

THIS COMMUNICATION IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR OR CONSUMER COLLECTION AGENCY AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.